

# American Red Cross SWIM LESSON REGISTRATION

## 2009 Brittlebank Pool Swimming Lessons Registration Form

Registration begins on April 27<sup>th</sup>, 2009. Forms can be returned to Brittlebank Pool from 9:00a.m. until 5:00p.m. Monday - Friday or mailed in @ P.O. Box 324 Mt. Vernon, IN 47620. For more information call Brittlebank Pool at 838-4586. All Swim lessons will be taught by a Red Cross Certified Water Safety Instructor (WSI) and all participants who pass their course will receive a Red Cross Swimming Card. Swim lessons are held on a Monday/Wednesday or a Tuesday/Thursday schedule for 30 minutes per day for four weeks. Rain days will be made up on Fridays.

**Fee: \$30.00**

**Session 1**  
**Session 2**

**June 8<sup>th</sup> - July 2<sup>nd</sup>**  
**July 6<sup>th</sup> - July 30<sup>th</sup>**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F Height \_\_\_\_\_ Weight \_\_\_\_\_

Was your child enrolled in a swimming class at Brittlebank last season? \_\_\_\_\_  
If yes, what level? \_\_\_\_\_

Please mark with an X what class **and** days you wish to enroll your child. Class Limit 20.

_____ Level 1	11:00a.m. - 11:30a.m.	
_____ Level 2	10:30a.m. - 11:00a.m.	Monday/Wednesday _____
_____ Level 3	10:30a.m. - 11:00a.m.	Tuesday/Thursday _____
_____ Level 4	10:00a.m. - 10:30a.m.	
_____ Level 5	10:00a.m. - 10:30a.m.	
_____ Level 6	8:30a.m. - 9:30a.m.	Thursdays (Swim Team Level)

### PARENTS PERMISSION:

I hereby grant permission for my son or daughter \_\_\_\_\_ to participate in Swim Lessons. I will be responsible for all obligations for my Child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Park and Recreation Board and all other paid and voluntary personnel from any and all obligations during the course of the program.

Father Signature \_\_\_\_\_ Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Address \_\_\_\_\_

Mother Signature \_\_\_\_\_ Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Address \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

# 2009 BRITTLEBANK BARRACUDAS



**Phone: 812-838-4586 or Fax: 812-838-8728**

- Children through the age of 18 and able to swim at least the requirements for Level 3 are eligible.
- There is no fee for joining the Barracuda Team. Admission into the pool for practices will be the only cost (family and single passes are available for the entire 2009 season on April 27<sup>th</sup>). Team suits will be available, but not required.

- Practices are held on the following schedule:

Monday - Thursday 8:30 - 9:30am and 5:30 - 6:30 pm

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Was your child enrolled in a swimming class at Brittlebank last session? \_\_\_\_\_

If yes, what Level was achieved? \_\_\_\_\_

### PARENTS PERMISSION:

I hereby grant permission for my son or daughter \_\_\_\_\_ to participate on the Swim Team. I will be responsible for all obligations for my Child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Parks and Recreation Board and all other paid and voluntary personnel from any and all obligations during the course of the program.

Father Signature \_\_\_\_\_ Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Address \_\_\_\_\_

Mother Signature \_\_\_\_\_ Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Address \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_